



ISSUE CLASSIFICATION

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA						<input type="checkbox"/> T.D.						<input type="checkbox"/> R.1.47					
Final		Original				Final		Original				Final		Original				Final		Original			
/	1		1																				
/	2		2																				
/	3		3																				
/	4		4																				